

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

COPY  
Posted: led  
Dept: S.A.  
Date: 3/20/08  
Time: 11:55

DOCKET

NUMBER: 2008-111-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Carolyn C. Kinard  
Bamberg County Office on Aging  
Address: P. O. Box 6  
248 Log Branch Rd.  
Bamberg, SC 29003

Telephone: 803-245-3021

Fax: 803-245-3080

Other: \_\_\_\_\_

Email: kinardcc@bellsouth.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application – Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input checked="" type="checkbox"/> Application – Class C Non-Emergency   | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application – Class E Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application – Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

RECEIVED  
MAR 19 2008  
PSC SC  
DOCKETING DEPT.

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**  
**ATTN: DOCKETING DEPARTMENT**  
**101 EXECUTIVE CENTER DRIVE**  
**COLUMBIA, SC 29210**

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

(Office # 803-896-5100)

(Fax # - 803-896-5199)

**CLASS C - NON-EMERGENCY**

DATE 3-10, 2008

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY**  
**FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Bamberg County Office on Aging

2. (a) Street Address of Applicant 498 Log Branch Rd

(b) Mailing address, if different from street address P. O. Box 6

Bamberg, SC 29003

(c) Telephone Number 803-245-3021

*Fed ID.*

SS No 57-0637051

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, need SC Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.
6. The proposed list of equipment is as per Exhibit "D" included herewith.

*Per FDB  
OK  
ops*

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

**BALANCE SHEET**

Balance at Time Application Is Filed:

Month: December Year: 2007

<b>Assets:</b>	
Cash	\$261,850.00
Receivables	7,156.00
Real Estate	
Buildings and Equipment-Net	
Motor Vehicles-Net	
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	
Prepays and Other Assets	13,068.00
<b>Total Assets</b>	<b>\$282,074.00</b>
<b>Liabilities and Equity:</b>	
Accounts Payable	\$ 27,949.00
Notes Payable	0
Mortgages Payable	0
Equipment Obligations	0
Accrued Salaries and Wages	
Other Accrued Obligations	15,835.00
Other Liabilities	
<b>Total Liabilities</b>	<b>43,784.00</b>
<b>Capital Stock</b>	
<b>Retained Earnings</b>	<b>238,290.00</b>
<b>Total Equity</b>	
<b>Total Liabilities and Equity</b>	<b>\$282,074.00</b>

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA, )

COUNTY OF Bamberg )

I, Carolyn C. Kinard

Executive Director

(Name of Applicant's Representative)

(Title)

of Bamberg County Office on Aging, the Applicant for the Certificate of Public (Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At Bamberg Co. Ofc. on Aging

This the 10<sup>th</sup> day of March 2008

Betty B. Diers  
(Notary Public)

Carolyn C. Kinard  
(Signature of Applicant's Representative)

Commission Expires: 9/25/2017

EXHIBIT C

NON EMERGENCY

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Bamberg County Office on Aging

For the transportation of passengers as follows:

Area to be served: State Wide

Number of passengers: 1-15

Fares: \$5 a mile

Date 3-11-08

Carolyn C. Linard  
By

Executive Director  
Title

Rev.8/00

**EXHIBIT D**

**STATE OF SOUTH CAROLINA  
PUBLIC SERVICE COMMISSION**

**DESCRIPTION OF EQUIPMENT**

VEHICLE NUMBER	MAKE	MODEL & YEAR	SERIAL #	WEIGHT EMPTY	CARRYING CAPACITY *
-------------------	------	-----------------	----------	-----------------	------------------------

*See Attached*

\* Seats if passenger carrier or tonnage if freight carrier.

\* Designate if equipped with wheelchair lift

Date: \_\_\_\_\_

\_\_\_\_\_  
(Applicant)

*Carolyn C. Kinard*  
\_\_\_\_\_  
(Applicant's Representative)

\_\_\_\_\_  
(Title)

## EXHIBIT D

STATE OF SOUTH CAROLINA  
PUBLIC SERVICE COMMISSION

## DESCRIPTION OF EQUIPMENT

VEHICLE		MODEL &		WEIGHT	CARRYING	
TAG #	MAKE	YEAR	SERIAL #	EMPTY	CAPACITY*	LIFT
CG48570	DODGE	VAN	2B5WB35Y31K520058	5400 LBS.	15	
CG55341	DODGE	VAN	2B5WB35Y02K126888	5400 LBS.	15	
SG365	DODGE	MINI VAN	1D4GP25323B299592	3800 LBS.	7	X
CG59909	CHEV.	G-VAN	1GBJG31G021153363	9200 LBS.	15	X
SG372	FORD	ADA	1FDWE35L23HB65551	8864 LBS.	15	X
CG56214	CHEV.	ADA	1GAHG39R8X1146287	6000 LBS.	15	X
SG84361	FORD	VAN	1FBSS31LX5HB17384	5947 LBS.	15	
SG85401	FORD	VAN	1FBSS31L36HA52945	5898 LBS.	15	
SG85728	DODGE	MINI VAN	1D4GP25E15B428216	3725 LBS.	7	
SG87390	DODGE	MINI VAN	1D4GP25E36B725019	3821 LBS.	7	
SG374	FORD	ADA	1FDWE35LX3HB65555	8700 LBS.	15	X
SG462	FORD	ADA	1FDWE35L96HA03811	8860 LBS.	15	X
SG89155	CHEV.	MINI VAN	1GNDV23WX7D199986	4470 LBS.	7	
SG76988	FORD	CAR	1FAFP5228YA141847	3200 LBS.	6	

\* Seats if passenger carrier or tonnage if freight carrier.

\*Designate if equipped with wheelchair lift

Bamberg County Office on Aging  
(Applicant)

Date: 2-8-07

Carolyn C. Kinard  
(Applicant's Representative)

Executive Director  
(Title)

**INSURANCE QUOTE**

*See Attached*

The following insurance quote is for:

\_\_\_\_\_  
(Name of Motor Carrier)

\_\_\_\_\_  
(Address of Motor Carrier).

**\*Note:** Bodily injury and property damage limits will not be less than the following:

- |  |                    |
|--|--------------------|
| <b>a. Liability Combined Each Occurrence</b> | <b>\$1,000,000</b> |
| <b>b. Medical Payments/Each Person</b>       | <b>\$1,000</b>     |

**Amount of Premium:**

Liability Insurance \_\_\_\_\_

The above quoted premiums are for a term of \_\_\_\_\_ months.

\_\_\_\_\_  
Office of Insurance Reserve Fund

(Insurance Company Name)

\_\_\_\_\_  
P. O. Box 11066, Columbia, SC 29211

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Authorized Insurance Company Representative)



# THE SOUTH CAROLINA STATE BUDGET AND CONTROL BOARD

OFFICE OF INSURANCE RESERVE FUND  
POST OFFICE BOX 11066  
COLUMBIA, SOUTH CAROLINA 29211

Phone: (803) 737-0020

POLICY NUMBER	FROM	POLICY PERIOD	TO	TYPE OF INSURANCE	DATE PRINTED
L130050108	01/01/2007	01/01/2008		AUTOMOBILE LIABILITY	30 NOV 2007

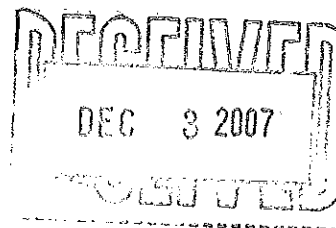
COVERAGE PROVIDED UNDER THIS POLICY PART IS SUBJECT TO THE FOLLOWING FORMS:  
CD-12 CD-20

NAMED INSURED AND ADDRESS	CONTACT PERSON AND PHONE	FORM #	PAGE
BAMBERG COUNTY OFFICE ON AGING POST OFFICE BOX 6 BAMBERG, SC 29003	CAROLYN C. KINARD (803)245-3021		1 OF 1
	TYPE OF ACTIVITY		ACTIVITY #
	ENDORSEMENT - PREMIUM AUDIT STATEMENT		003

THIS PREMIUM ADJUSTMENT IS FOR ANY CHANGE IN THE NUMBER OF VEHICLES  
REPORTED FOR COVERAGE ON RENEWAL.

COVERAGE ..... 1,000,000 S LMT  
AUDIT TERM ..... SEE POLICY PERIOD ABOVE  
PRO RATA FACTOR ..... 1.00000000  
NUMBER OF VEHICLES REPORTED FOR PERIOD 01-01-07 TO 01-01-08 ..... 5  
PREMIUM PAID FOR VEHICLES FOR ABOVE PERIOD ..... 1,900.00  
NUMBER OF VEHICLES REPORTED FOR PERIOD 01-01-08 TO 01-01-09 ..... 5  
AVERAGE NUMBER OF VEHICLES ..... 5.0  
AUDITED EARNED PREMIUM FOR 5.0 AVERAGE VEHICLE(S) ..... 1,900.00  
ADD'L / RETURN PREMIUM FOR PERIOD 01-01-07 TO 01-01-08 ... .00

*CKinard*  
*12-3-07*







# THE SOUTH CAROLINA STATE BUDGET AND CONTROL BOARD

OFFICE OF INSURANCE RESERVE FUND  
POST OFFICE BOX 11066  
COLUMBIA, SOUTH CAROLINA 29211

Phone: (803) 737-002

POLICY NUMBER L130050109	FROM 01/01/2008	POLICY PERIOD TO 01/01/2009	TYPE OF INSURANCE AUTOMOBILE LIABILITY	DATE PRINTED 30 NOV 2007
-----------------------------	--------------------	-----------------------------------	---	-----------------------------

COVERAGE PROVIDED UNDER THIS POLICY PART IS SUBJECT TO THE FOLLOWING FORMS:  
CD-20

NAMED INSURED AND ADDRESS BAMBERG COUNTY OFFICE ON AGING POST OFFICE BOX 6 BAMBERG, SC 29003	CONTACT PERSON AND PHONE CAROLYN C. KINARD (803)245-3021	FORM #	PAGE 3 OF
TYPE OF ACTIVITY *** RENEWAL DECLARATION ***			ACTIVITY 001

EFFECTIVE 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE. 1 OF 1

NUMBER OF VEHICLES	RATE PER VEHICLE	PREMIUM
5	380.00	1,900.00

## COVERAGE

LIMIT OF LIABILITY  
1,000,000 COMBINED SINGLE LIMIT EACH ACCIDENT

MEDICAL PAYMENTS  
1,000 EACH PERSON

UNINSURED MOTORISTS COVERAGE - BASIC LIMITS

*C. Kinard*  
12-4-07



# THE SOUTH CAROLINA STATE BUDGET AND CONTROL BOARD

OFFICE OF INSURANCE RESERVE FUND  
POST OFFICE BOX 11066  
COLUMBIA, SOUTH CAROLINA 29211

Phone: (803) 737-002

POLICY NUMBER	FROM	POLICY PERIOD	TO	TYPE OF INSURANCE	DATE PRINTED
C130050109	01/01/2008	01/01/2009		AUTOMOBILE COMP AND COLLISION	30 NOV 2007

COVERAGE PROVIDED UNDER THIS POLICY PART IS SUBJECT TO THE FOLLOWING FORMS:  
CD-20

NAMED INSURED AND ADDRESS	CONTACT PERSON AND PHONE	FORM #	PAGE
BAMBERG COUNTY OFFICE ON AGING POST OFFICE BOX 6 BAMBERG, SC 29003	CAROLYN C. KINARD (803)245-3021		2 OF
	TYPE OF ACTIVITY *** RENEWAL DECLARATION ***		ACTIVITY # 001

1 OF 1

EFFECTIVE 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

COVERAGE - \$200 DEDUCTIBLE COMPREHENSIVE \$200 DEDUCTIBLE COLLISION

VEHICLE NUMBER YEAR	MAKE/MODEL SERIAL NUMBER	VEHICLE COST	RATES	PREMIUMS
<del>110</del> 1995	<del>FORD CLUB WAGON</del> <i>Removed from Service</i> <del>A95872</del>	19,481	COMP 0.14 COLL 0.38	101.30 27.27 74.03
120 2001	DODGE RAM VAN 520058	21,359	COMP 0.14 COLL 0.38	111.06 29.90 81.16
<del>130</del> 1998	<del>PLYMOUTH VOYAGER</del> <i>not used to transport clients</i> 653386	16,000	COMP 0.14 COLL 0.38	83.20 22.40 60.80
140 2002	DODGE RAM VAN K126888	19,663	COMP 0.14 COLL 0.38	102.25 27.53 74.72
150 1999	CHEVROLET VAN W/LIFT 1146287	40,000	COMP 0.14 COLL 0.38	208.00 56.00 152.00

TOTAL COMPREHENSIVE PREMIUM 163.10  
TOTAL COLLISION PREMIUM 442.71  
TOTAL PREMIUM 605.81

## EXHIBIT FWA

Name: Bamberg County Office on Aging

Address: 498 Log Branch Rd, P. O. Box 6, Bamberg, SC 29003

Telephone No. 803-245-3021 Fax No. 803-245-3080

U.S.D.O.T. No. \_\_\_\_\_ ICC No. \_\_\_\_\_

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes \_\_\_\_\_ No X Pending \_\_\_\_\_ (Submit when received)

(If "yes", indicate rating and provide copy)

Satisfactory \_\_\_\_\_

Conditional \_\_\_\_\_

Unsatisfactory \_\_\_\_\_

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes \_\_\_\_\_ No X

3. Are there currently any outstanding judgement(s) against Applicant?

Yes \_\_\_\_\_ No X

(If "yes", indicate nature of judgement(s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes X No \_\_\_\_\_

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes X No \_\_\_\_\_

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

Carolyn C. Kinard  
(Applicant's Signature)

Sworn to before me

At Bamberg Co. Ofc. on Aging

This 10<sup>th</sup> day of March, 2008

Patty B. Vieira  
(Notary Public)

Commission Expires: 9/25/2017

## ***APPLICANT'S OATH***

I, Carolyn C. Kinard, verify under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. I certify that I am qualified and authorized to file this application. I certify that all vehicles owned and/or operated by the applicant have current Record of Annual Inspection forms on file at the company's primary place of business. I further certify that according to R. 103-133(4) (a), Proof Required to Justify Approving an Application, I have read the attached regulations governing Class C Non-Emergency Carriers and pledge to abide by these and all pertinent Statutes, Standards and Regulations. I am aware that willful misstatements or omissions of material facts may constitute grounds for revocation of any certificate that may be granted to me by the Commission, and/or may subject me to such other penalties as may be prescribed by South Carolina law. (Note: This oath embraces all schedules and supplemental filings to this application.)

Carolyn C. Kinard  
(Applicant's Signature)

Sworn to before me  
At Bamberg Co. Open Air

This 10<sup>th</sup> day of March, 2008

Betty B. Myers  
(Notary Public)

Commission Expires: 9/25/2017

Sponsor : Council  
First Reading : November 22, 1993  
Committee Referral : Personnel Committee  
Committee Consideration Date: November 3, 1993  
Committee Recommendation : Approval  
Second Reading : December 6, 1993  
Public Hearing. : February 21, 1994  
Third Reading : February 21, 1994  
Effective Date : February 21, 1994

#### ORDINANCE

(Amendment to the Existing Bamberg County Office On Aging Ordinance #1-90- 11.)

---

#### WHEREAS:

The Bamberg County Office on Aging was established as an operating department of Bamberg County through an ordinance adopted by Bamberg County Council (3rd Reading on 11/19/90). Bamberg County Council recognized within the Ordinance that:

- 1) The Bamberg County Office on Aging Advisory Board ("BCOAAB") is established as an Advisory Board to Bamberg County Council; and
- 2) The Bamberg County Office on Aging ("BCOA") will function as a department of the County government and in accordance with the policies and procedures thereof.

#### THEREFORE:

- 1) This addendum moves forward in clarifying the relationship between the parties beyond the initial declaration;
- 2) It is not the intention of this Ordinance Amendment to initiate greater County financial funding with the BCOA. The BCOA operates from funding received from the State and Federal governments. Bamberg County appropriates funds to BCOA at its discretion. County appropriations are subject to annual change depending on the existing financial condition of the County;
- 3) The Director of the BCOA answers directly to the County Administrator. The County Administrator maintains the authority to employ and terminate the Director of the BCOA. The BCOAAB operates as an advisory board to the BCOA and the Administrator regarding the Director's position. The BCOAAB shall be consulted by the Administrator if there are problems with the BCOA Director or if termination of the existing Director is being contemplated. In addition, the BCOAAB shall have some involvement in the review of applications being considered in the employment of the Director. The BCOAAB

(Amendment to the Existing Bamberg County Office On Aging Ordinance #1-90- 11.)

materials, etc. (See Exhibit II). BCOA will utilize the Bamberg County Purchasing Agent/Office when applicable. Subsequently, Bamberg County realizes that items purchased with State funding requires utilization of appropriate state purchasing policies.

- 6) Bamberg County will assist the BCOA in obtaining funding mechanisms to acquire equipment, vehicles, etc. (ie: commercial loans, lease-purchase) with the idea that BCOA shall make the necessary, applicable payments. Bamberg County will take into consideration requests to participate financially or offer in-kind services (labor, land, materials) in capital improvement projects which involve the Senior Center or associated operations.

Various parties which will be actively involved in capital improvement projects involving BCOA include the BCOA Director, the BCOAAB, the County Administrator, the County Building Director, the County Purchasing Agent, Bamberg County Public Works Department and the LSCOG. The Senior Center shall be covered by county building insurance (paid by the County) and maintained by County custodial staff as well as by contracted maintenance;

Bamberg County will fund those employee immunizations which are applicable for all County employees, including BCOA staff, but are not funded through outside sources (ie: Hepatitis B vaccination) BCOA, though, shall be financially responsible for all supplies, materials or equipment subsequently required from new OSHA, Federal or State standards (ie: Hepatitis B);

- 7) Effective January 1, 1995, all BCOA administrative/office employees and the BCOAAB will be covered by a \$1,000,000 tort liability insurance funded by Bamberg County. Those BCOA employees which handle funds will be covered by a fidelity bond insurance paid for by BCOA;
- 8) BCOA staff may participate in the health insurance service offered to all County employees. The BCOA, though, will pay the individual insurance premium carried by BCOA staff. Insurance benefits beyond individual insurance shall be paid by the employee as outlined within the current Bamberg County insurance policy.

BCOA employees may choose to acquire family coverage offered under the County insurance program. As stated, the individual will be responsible for that premium. In addition, BCOA employees can choose to participate in the optional insurance coverage. All who enter into the optional coverage are not

Personnel Committee	:	Personnel Committee
First Reading	:	September 4, 1990
Committee Referral	:	N/A
Committee Consideration Date	:	N/A
Committee Recommendation	:	Approval
Second Reading	:	November 5, 1990
Public Hearing	:	November 19, 1990
Third Reading	:	November 19, 1990
Effective Date	:	November 19, 1990

# ORDINANCE

(To Establish Formal Policies for the Relationship Between  
The Bamberg County Office on Aging, and Bamberg County.)

## WHEREAS:

1. On September 5, 1974, the Bamberg County Commission approved the payment of \$1,700 quarterly for the elderly feeding program at the Human Resource Center, and the salary for one cook and one helper; and
2. On October 10, 1974, the Bamberg County Commission approved a request to provide office space for "two" Vista Volunteers to contact the elderly in the County and begin services for this group; and
3. The By-laws of the Bamberg County Office on Aging provides for an advisory Board to Bamberg County Council; and
4. County Council has never taken official action to define its relationship with the Bamberg County Office on Aging; and
5. By letter dated June 26, 1990, Doyet A. Early, III, County Attorney recommended that County Council formalize its relationship with the Office on Aging, and this recommendation was approved by the Bamberg County Personnel Committee at their meeting on July 2, 1990.

NOW THEREFORE BE IT ORDAINED BY THE BAMBERG COUNTY COUNCIL THAT:

1. The Bamberg County Office on Aging Advisory Board hereby formally established as an Advisory Board to Bamberg County Council.
2. Membership and Terms: The Bamberg County Office on Aging Advisory Board shall consist of seven members representing the seven Council districts of Bamberg County Council. Each member of Bamberg County Council